

PATENT APPLICATION

INTERESTITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: A8709

Alagu P. THIRUVENGADAM, et al.

Group Art Unit: 1653

Appln. No.: 10/823,647

Examiner: Unassigned

Confirmation No.: 4915

Filed: April 14, 2004

For:

METHODS FOR DIAGNOSING A BIPOLAR DISORDER AND UNIPOLAR

DISORDER

AMENDMENT AND REQUEST UNDER 37 C.F.R. § 1.48(a) TO CORRECT INVENTORSHIP IN NONPROVISIONAL APPLICATION, OTHER THAN A REISSUE APPLICATION, AFTER OATH OR DECLARATION HAS BEEN FILED, PURSUANT TO 35 U.S.C. § 116

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Please correct the inventorship of the above-identified application by deleting the name of WILLIAM T. REGENOLD as co-inventor, thereby changing the inventorship from Alagu P. THIRUVENGADAM, Krish CHANDRASEKARAN, and William T. REGENOLD, to Alagu P. THIRUVENGADAM and Krish CHANDRASEKARAN.

REMARKS

In accordance with 37 C.F.R. § 1.48(a), submitted herewith are the following:

1. A statement from each person being deleted as an inventor that the error in inventorship occurred without deceptive intention on his or her part;

AMENDMENT AND REQUEST UNDER 37 C.F.R. § 1.48(a) U.S. Appln. No. 10/823,647

A8709

2. An oath or declaration by the actual inventors as required by 37 C.F.R. § 1.63 or as permitted by 37 C.F.R. §§ 1.42, 1.43 or § 1.47;

- 3. As an assignment has been executed by the original named inventors, the written consent of the assignee; and
 - 4. The processing fee of \$130.00 set forth in 37 C.F.R. § 1.17(i).

A check for the processing fee of \$130.00 is attached. The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

SUGHRUE MION, PLLC Telephone: (202) 293-7060

Facsimile: (202) 293-7860

WASHINGTON OFFICE 23373
CUSTOMER NUMBER

Drew Hissong

Registration No. 44,765

Date: March 27, 2006



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Confirmation No.: 4	 9 15 -							
Filed: April 14, 2004								
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37 C.F.R. § 1.48(a)	TO CORRECT IN	INVENTOR IN SUPPORT O VENTORSHIP IN NONPRO ATION, AFTER OATH OR I FILED	VISIONAL	APPLIC	ATION.			
Commissioner for Pe P.O. Box 1450 Alexandria, VA 223 I								
ir:								
I, the inventor being deleted from the above-identified application, do hereby declare that a error occurred in naming me as an inventor of the above-identified application and that the proof occurred without deceptive intention on my part.								
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ate	3/20/06							



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: A8709

Alagu P. THIRUVENGADAM, et al.

Group Art Unit: 1653

Appln. No.: 10/823,647

Examiner: Unassigned

Confirmation No.: 4915

Filed: April 14, 2004

For:

METHODS FOR DIAGNOSING A BIPOLAR DISORDER AND UNIPOLAR

DISORDER

CONSENT OF THE ASSIGNEE TO CORRECTION OF INVENTORSHIP IN ACCORDANCE WITH 37 C.F.R. § 1.48(a)

Commissioner for Patents P.O. Bux 1450 Alexandria, VA 22313-1450

Sir:

The undersigned, a representative of Free State Diagnostics, LLC, represents that Free State Diagnostics, LLC, is the owner of the entire right, title and interest of Application No. 10/823,647, filed on April 14, 2004, for METHODS FOR DIAGNOSING A BIPOLAR DISORDER AND UNIPOLAR DISORDER, by virtue of an Assignment from all of the inventors thereof executed on April 7, 2004, April 8, 2004, and April 12, 2004, recorded on April 14, 2004 at Reel No. 015218, Frame No. 0481.

The undersigned hereby certifies that the above-mentioned Assignment has been reviewed and to the best of the undersigned's knowledge and belief, title is in who is seeking to take this action.

The undersigned (whose title is supplied below) is empowered to sign this consent statement on behalf of the assignee.

Free State Diagnostics, LLC, hereby consents to the correction of inventorship in connection with the above-identified application whereby the name of William T. Regenold is deleted as co-inventor.

Name Alagu P. THIRUVENGADAM
Signature Alaguf Shrivangadam

Title Managing Member

Docket No.: A8709

JTY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below ne

METHODS FOR	DIAGNOSING A	BIPOLAR D	SORDER AND UNIPOL	AR DISORDER	
the application of which is attached hereto	OR	☑ was fi 10/823.64	led on <u>April 14, 2004</u> as U <u>7</u> ation No. 4915), and was a	nited States Applic	ation Number
I hereby state that I have reviewed an by any amendment specifically referre	d understand the i	contents of the	above identified application	n, including the cl	nims, as amend
I acknowledge the duty to disclose communition-in-part application(s), matthe national or PCT international filing	ueliai imommanion	Which hecame	200110hle hetween the tili	ned in 37 CFR 1.5 ng date of the prio	56, including f or application as
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United States of America, listed belo inventor's or plant breeder's rights capplication on which priority is claime Prior Application Number(s) I hereby claim benefit under 35 United	States Code §119 lication Number(s) 60/515,846 d States Code §1 tates, listed below ates or PCT Intended my duty to edge my du	emational applicational applic	Filing Date Filing Date Get States provisional application(s) or the subject matter of each tion in the manner provide formation material to the	at least one country foreign applicating a filing date by Priority Yea ation(s) listed below: \$365(c) of any P of the claims of the day the first paragenterishility of the	cry other than the control of the co

o prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

WASHINGTON OFFICE

23373

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST IN	VENTOR:		_					
Given Name								
(first and middle [if any]) Alagu	Family Name or Surname Thiruvengadam							
Inventor's Signature Haguf J	Date 3/21/06							
Residence: City Ellicott City	State MD	Country US		Citizenship US				
Mailing Address: 11862 Farside Road								
City Ellicott City	State MD	Zip 21042		Country US				
NAME OF SECOND INVENTOR:								
Given Name (first and middle [if any]) Krish Family Name or Surname Chandrasekaran								
Inventor's Signature Khannenhan		Date		3/21/06				
Residence: City Columbia	State MD	Country US		Citizenship India				
Mailing Address: 6345 Morning Time Lane								
City Columbia	State MD	Zip 21044		Country US				
NAME OF THIRD INVENTOR:								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
Mailing Address:	·							
City	State	Zip		Country				
NAME OF FOURTH INVENTOR		 						
Given Name								
		Pamily Name or Surnam	<u>e</u>					
Inventor's Signature	T	,	Date					
Residence: City	State	Country		Citizenship				
Mailing Address:	7							
City	State	Zip		Country				
NAME OF FIFTH INVENTOR:								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature	Date							
Residence: City	State	Country		Citizonship				
Mailing Address:								
City	State	Zìp		Country				